Detail Cost Transaction File List Gutglass, Erickson, Bonville & Larson S.C.

Client	Trans Date	Tm		Tcode/ Task Co	ode	Rate	Amount		Ref#
Client ID 171	401.000 Ascensio	on He	alth	1					
171401	10/12/2015	3	Α	L110	E102		8.35	Outside printing HealthPort regarding Linda Reed from Aurora Sinai Medical Center	ARCH
171401	12/22/2015	3	Α	L110	E102		67.26	Outside printing iod incorporated medical records regarding Linda Reed from Wheaton Franciscan Medical Group - Tosa.	ARCH
171401	12/24/2015	3	Α	L110	E102		100.91	Outside printing HealthPort medical records regarding Linda Reed from Aurora Psychiatric Hospital	ARCH
171401	12/30/2015	3	Α	L110	E102		230.78	Outside printing Aurora Advanced Healthcare regarding Linda Reed	ARCH
171401	01/05/2016	3	Α	L110	E102		51.32	Outside printing Wheaton Franciscan Healthcare-Elmbrook regarding Linda Reed.	ARCH
171401	01/06/2016	3	Α	L110	E102		89.77	Outside printing HealthPort regarding Linda Reed from Aurora Behavioral Health.	ARCH
171401	01/14/2016	3	Α	L110	E102		120.4	Outside printing WF-St. Joseph Campus regarding Linda Reed.	ARCH
Total for Clie	nt ID 171401.000					Billable	668.79	Ascension Health Reed v. CSM	

Page: 1

HealthPort

P.O. Box 409740 Atlanta, Georgia 30384-9740 Fed Tax ID 58 - 2659941 (770) 754 - 6000



Invoice #: 0178511576 Date: 10/12/2015

Customer #: 779295

Ship to:

DEBRA L POPE GUTGLASS ERICKSON ET AL 735 N WATER ST STE 1400 MILWAUKEE, WI 53202-4106 Bill to:

DEBRA L POPE GUTGLASS ERICKSON ET AL 735 N WATER ST STE 1400 MILWAUKEE, WI 53202-4106 Records from:

AURORA SINAI MEDICAL CENTER 945 NORTH 12TH STREET MILWAUKEE, WI 53233

Requested By: GUTGLASS ERICKSON ET AL

Patient Name: REED LINDA

FILE NUMBER:

1714 01

GGT 192015

Guiglant, Erickern, Benville, & Leaster, S.C.

Description	Quantity	Unit Price	Amount	
Basic Fee			7.20	(4)
Retrieval Fee			0.00	
Per Page Copy (Paper) 1	1	0.00	0.00	
Shipping			0.71	
Subtotal			7.91	
Sales Tax			0.44	
Invoice Total			8.35	
Balance Due			8.35	
g.				

Pay your invoice online at www.HealthPortPay.com

Terms: Net 30 days

Please remit this amount: \$8.35 (USD)

GUTGLASS, ERICKSON, BONVILLE & LARSON, S.C. Vendor: HealthPort

45000

Date	Description		Invoice #	Amount	Disc	Net Amt
10/12/15	L. Reed from At Center File 171	urora Sinai Medical 401	0178511576	8.35		8.35
	Check Date	Check #	Gross Amt	Disc Amt	Net Amt	0.55
	10/28/15	45000	8.35	0.00	8.35	

PRODUCT DLM252 USE WITH 91500 ENVELOPE





GUTGLASS ERICKSON BONVILLE & LAR

DEBRAL POPE

735 N WATER ST STE 1400

MILWAUKEE, WI 53202-4106

INVOICE

Involce #:

34593074

Inv. Date:

12/22/2015

Due Date:

1/1/2016

Terms:

Net 10

Patient: Account #: REED, LINDA

Guiglass, Erickson, Bon.

552027

Claim/File #: 1714.01/ 14CV330

Shipping:

735 N WATER ST STE 1400

MILWAUKEE, WI 53202-4106

Facility: WHEATON FRANCISCAN MEDICAL GROUP - TOSA Rec Location: CAPITOL

Description	Quantity	Unit Price	Extension
* Note: Hard Copy Page Count: 36	36	\$0.00	\$0.00
Retrieval Fee \$21.13	1	\$21.13	\$21.13
Certification Charge	1	\$8.45	\$8.45
Copy Charge \$1.07 Per Page, Pages 1-25	25	\$1.07	\$26.75
Copy Charge \$0.79 Per Page, Pages 26-50	11	\$0.79	\$8.69

Product Total: \$65.02 State Tax: 0.00% City/local Tax: 0.00% Sales Tax: \$ 0.00 (0.00%)Shipping & Handling: \$ 2.24 \$ 67.26 Grand Total: Credits/Payments: \$ 0.00 Amount Due: \$ 67.26

Please Note: This information has been disclosed to you from records that may be protected by state and federal confidentiality rules (42 CFR, part 2). The federal rules prohibit you from making any further disclosure of protected information unless further disclosure is expressly permitted by written consent of the person to whom it pertains, or is otherwise permitted by 42 CFR, part 2.

Payment Options:

- Use your credit card online at payportal.iodincorporated.com
- Use your credit card by phone at 866-420-7455 Option 1
- By mail: please include the payment sheet (page 2) with your check to ensure that your payment is properly applied!

IOD Incorporated TaxID No. 65-0765287 PO Box 19072, Green Bay WI, 54307-9072 Phone: 866-420-7455 Option 1 * Fax: 920-406-6537

Page 1 of 2



45270

GUTGLASS, ERICKSON, BONVILLE & LARSON, S.C.

			CHECK		
DATE	DESCRIPTION	INVOICE #	AMOUNT	DEDUCTION NET AMO	UNT
iod incorp					
12/22/15	Med Recs L. Reed from Wheaton				
	Franciscan Tosa File 171401	34593074	67.26	67.26	

CHECK DATE 01/21/16	CONTROL NUMBER 45270	TOTALS ▶Gross:	67.26	Ded:	0.00 Net:	67.26	
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HealthPort

P.O. Box 409740 Atlanta, Georgia 30384-9740 Fed Tax ID 58 - 2659941 (770) 754 - 6000



invoice #: 0183294506 Date: 14/47/2 Customer #: 779295 12/24/2015

Ship to:

DEBRA POPE GUTGLASS ERICKSON ET AL 735 N WATER ST STE 1400 MILWAUKEE, WI 53202-4106 Bill to:

DEBRA POPE GUTGLASS ERICKSON ET AL 735 N WATER ST STE 1400 MILWAUKEE, WI 53202-4106

DOB:

Records from:

AURORA PSYCHIATRIC HOSPITAL 1220 DEWEY AVENUE WAUWATOSA, WI 53213

. 101 0 4 5

Requested By: GUTGLASS ERICKSON ET AL

101852

Patient Name: REED LINDA

Description	Quantity	Unit Price	Amount
Your request for copies of medical records has within 30 days of the receipt of this invoice, be nvoice along with a check for the balance due. FULL PAYMENT REG	fore your copies will be released.	Promptly return the by credit card, ple	e bottom portion of th ase call 770-754-6000
Basic Fee			21.13
Retrieval Fee			0.00
Per Page Copy (Paper) 2	25	0.79	19.75
Per Page Copy (Paper) 3	25	1.07	26.75
Per Page Copy (Paper) 1	36	0.53	19.08
Shipping			5.75
Certification Fee			8.45
Subtotal			100.91
Sales Tax			0.00
Invoice Total			100.91
Balance Due	1		100.91

Pay your invoice online at www.HealthPortPay.com

Please remit this amount: \$ 100.91 (USD)

GUTGLASS, ERICKSON, BONVILLE & LARSON, S.C. Vendor: HealthPort

Date	Description		Invoice #	Amount	Disc	Net Amt
12/24/15	L. Reed from Au Hospital File 17	ırora Psychiatric 1401	0183294506	0183294506 100.91		100.91
	Check Date	Check #	Gross Amt	Disc Amt	Net Amt	
	01/06/16	45243	100.91	0.00	100.91	

PRODUCT DLM252 USE WITH 91500 ENVELOPE

45243



PO Box 090996 Milwaukee, WI 53209-0996 Phone (414)-979-4590 Fax (414) 979-2702



RELEASE OF INFORMATION INVOICE

12/28/15

Patient: Reed,Linda Requested by: Erickson Gutglass 735 N Water St, Ste 1400 Milwaukee, Wisconsin 53202-4267

Invoice Number: 147645 Billing Date: 12/28/2015

Number of Paper Pages	578	
Sub Total		\$221.18
Postage		\$0.00
Shipping And Handling		\$9.60
Amount Due		\$230.78

Please include a copy of the invoice with payment

Patient: Reed,Linda MRN: 509307

Requested by: Erickson Gutglass

Invoice Number: 147645

Amount Due: \$ 230.78

Send payment to: Aurora Health Care

ATTN: Medical Records-Release of Information

P.O. Box 090996

Milwaukee, WI 53209-0996

TIN 39-1595302

PREPAY

GUTGLASS, ERICKSON, BONVILLE & LARSON, S.C. Vendor: Aurora Advanced Healthcare

45232

Date	Description		Invoice #	Amount	Dies	Nether
12/28/15	Medical Record	s L. Reed File 171401		-	Disc	Net Amt
	Check Date		117010	230.78		230.78
		Check #	Gross Amt	Disc Amt	Net Amt	
	01/04/16	45232	230.78	0.00	230.78	

PRODUCT DLM252 USE WITH 91500 ENVELOPE



PRE-BILL **RELEASE OF INFORMATION**

WF - Elmbrook Memorial Campus 19333 W. North Avenue Brookfield, WI 53045 Phone: (414) 447-3789 Tax ID# 39-0816857

Date: January 05, 2016 Request ID: 179238 Total Pages Released: 20

BILL TO: GUTGLASS, ERICKSON, BONVILLE AND LARSON

735 N WATER ST

STE 1400

MILWAUKEE, WI 53202-4267

For Producing Copies of Medical Records for:

433150

Billing Tiers/Fee Types	Pages	Totals
Standard	20	\$20.80
Certification Fee	-	\$8.26
Processing Fee	-	\$20.65
	SALES TAX:	\$0.00
	SHIPPING:	\$1.61
	SUBTOTAL:	\$51.32
	ADJUSTMENTS/PAYMENTS:	\$0.00
	BALANCE DUE:	\$51.32

PI FASE RETURN I OWER PORTION WITH PAYMENT.....

GUTGLASS, ERICKSON, BONVILLE & LARSON, S.C. Vendor: Wheaton Franciscan Healthcare-Elmbrook

Date	Description		Invoice #	Amount	Disc	Net Amt
01/05/16 Medical Records - L. Reed File 171401		179238 51.32		,	51.32	
	Check Date	Check #	Gross Amt	Disc Amt	Net Amt	
	01/11/16	45249	51.32	0.00	51.32	

PRODUCT DLM252 USE WITH 91500 ENVELOPE

45249

HealthPort

P.O. Box 409740 Atlanta, Georgia 30384-9740 Fed Tax ID 58 - 2659941 (770) 754 - 6000



Invoice #: 0183958756 Date: 1/6/2016 Customer #: 779295

Amount

Ship to:

DEBRA POPE GUTGLASS ERICKSON ET AL 735 N WATER ST STE 1400 MILWAUKEE, WI 53202-4106

Description

Bill to:

DEBRA POPE GUTGLASS ERICKSON ET AL 735 N WATER ST STE 1400 MILWAUKEE, WI 53202-4106 Records from:

Unit Price

ABHC BUILDING 2 1220 DEWEY AVE BLDG 2 WAUWATOSA, WI 53213

Requested By: GUTGLASS ERICKSON ET AL

Patient Name: REED LINDA

101852

Quantity

Your request for copies of medical records has been processed. Full payment in advance is required and must be received within 30 days of the receipt of this invoice, before your copies will be released. Promptly return the bottom portion of this

DOB:

Your request for copies of medical records has been processed. Full payment in advance is required and must be received within 30 days of the receipt of this invoice, before your copies will be released. Promptly return the bottom portion of this invoice along with a check for the balance due. To expedite the request or to pay by credit card, please call 770-754-6000.

FULL PAYMENT REQUIRED PRIOR TO RELEASE OF RECORDS

Basic Fee

Basic Fee			21.13	
Retrieval Fee			0.00	
Per Page Copy (Paper) 2	25	0.79	19.75	
Per Page Copy (Paper) 3	25	1.07	26.75	
Per Page Copy (Paper) 1	19	0.53	10.07	
Shipping			3.62	
Certification Fee			8.45	1
Subtotal			89.77	
Sales Tax			0.00	
Invoice Total			89.77	
Balance Due			89.77	
54.51.05 5.45				

Pay your invoice online at www.HealthPortPay.com

Please remit this amount: \$89.77 (USD)

Q

45268

GUTGLASS, ERICKSON, BONVILLE & LARSON, S.C.

		CHECK				
DATE	DESCRIPTION	INVOICE #	AMOUNT	DEDUCTION	NET AMOUNT	
HealthPort 01/06/16	L. Reed from ABHC Building 2 File 171401	0183958756	89.77		89.77	

01/21/16	CONTROL NUMBER 45268	TOTALS ▶Gross:	89.77	Ded:	0.00 Net:	89.77	
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PRE-BILL RELEASE OF INFORMATION

WF - St. Joseph Campus 5000 West Chambers Street Milwaukee, WI 53210 Phone: (414) 447-3789 Tax ID# 39-0816857

Date: January 11, 2016 Request ID: 179241 Total Pages Released: 154

BILL TO: GUTGLASS, ERICKSON, BONVILLE AND LARSON

735 N WATER ST STE 1400

MILWAUKEE, WI 53202-4267

For Producing Copies of Medical Records for:

Control of the Contro	MRN:
Patient Name:	216977
REED, LINDA	12
The second second	

Dilling Tions/Ess Types	Pages	Totals
Billing Tiers/Fee Types	154	\$87.99
Standard		
Certification Fee	=	\$8.26
Processing Fee		\$20.65
	SALES TAX:	\$0.00
	SHIPPING:	\$3.50
	SUBTOTAL:	\$120.40
	ADJUSTMENTS/PAYMENTS:	\$0.00
	BALANCE DUE:	\$120.40

_____PLEASE RETURN LOWER PORTION WITH PAYMENT------PLEASE RETURN LOWER PORTION WITH PAYMENT

GUTGLASS, ERICKSON, BONVILLE & LARSON, S.C.

45297

DATE DESCRIPTION	11772		CHECK
WF-St. Joseph Campus	INVOICE #	AMOUNT	DEDUCTION NET AMOUNT
01/11/16 Med Recs L. Reed File 171401	179241	120.40	120.40

CHECK DATE	CONTROL NUMBER						
01/21/16	45297	TOTALS ▶Gross:	120.40	Ded:	0.00 Net:	120.40	
						120.40	